

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Gloria C. Li et al.Serial No. : 10/712,642Examiner: Jane ZaraFiled : November 12, 2003Group Art Unit: 1635For : USES OF DNA-PK

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: October 31, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	14 -	* 14 =	*** 0 X	\$25	\$50	=		0.00
Independent Claims	4 -	** 4 =	*** 0 X	\$105	\$210	=		0.00
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$185	\$370	=		0.00
				TOTAL ADDITIONAL FEE			\$	0.00

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

X One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

x An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes x No \_\_\_\_\_  
and a fee of \$ \_\_\_\_\_ included)

x A Petition for an Extension of Time, including a fee of  
\$ 460.00 for a Petition for 2 Month(s) Extension of Time

x Other (identify): \$405.00 fee for filing a Request For  
Continued Examination

THE TOTAL FEE DUE IS \$ 865.00.

x A check in the amount of \$ 865.00 is enclosed.

\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

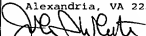
X The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:

X Fees under 37 C.F.R. §1.16 for the presentation of extra claims  
x Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White  
Registration No. 28,678  
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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
 John P. White Reg. No. 28,678	<u>10/31/07</u> Date

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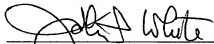
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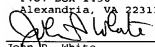
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